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**North Carolina
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Published by EDS, fiscal agent for the North Carolina Medicaid Program
1-800-688-6696 or 919-851-8888

Medicaid Family Planning Waiver Training Seminars

Training on the new Medicaid Family Planning Waiver (MAF-D) is scheduled for September 2005. The training will focus on services that are covered by the waiver program and how to bill for the services. The training schedule and registration information will be published in the August 2005 general Medicaid bulletin.

Medicaid Recipients and Transition to Medicare Part D Prescription Drug Plans

Effective January 1, 2006, new Medicare prescription drug plans will be available to Medicaid recipients with Medicare. North Carolina Medicaid hopes that this will be a seamless transition for Medicaid recipients and providers. Recipients who receive their drug coverage through North Carolina Medicaid will continue to have available to them through December 31, 2005 a 90-day supply of non-controlled, generic, maintenance medications provided there has been a previous 30-day prescription in the last 6 months. We encourage both recipients and providers to utilize this coverage for those recipients transitioning to Medicare Part D on January 1, 2006.

Removal of Impotency Drugs from Medicaid Coverage

The North Carolina Division of Medical Assistance has made the decision to suspend coverage of drugs used to treat impotency pending a review by the NC Physician's Advisory Group (PAG). Effective June 6, 2005, all drugs in therapeutic class F2A will be end-dated to non-coverage status and claims for these drugs will be denied.

Pharmacy Stub Audits

This is a reminder that Program Integrity does not conduct onsite pharmacy audits for Medicaid Identification card stubs. A stub is only required for proof of pharmacy of record status when a recipient has used two or more pharmacies in a month, is not exempt from the six prescription limit and has exceeded the six prescription limit. In these cases, the pharmacy with the stub on file is considered the pharmacy of record and the stub may be used for guarantee of payment for six prescriptions. However, the pharmacy point-of-sale system notifies pharmacists in real-time when a recipient has met the six prescription limit for a particular month; therefore, cases when stubs are required to guarantee payment are rare.

Six Prescription Limit and Recipient Lock-In To One Pharmacy Each Month

North Carolina Medicaid recipients are restricted to a single pharmacy each month except for emergency situations. An emergency situation can include cases when the original pharmacy is out of a medication and it is necessary for a Medicaid recipient to obtain the needed medication at another pharmacy in the month of record. Another example would be if the pharmacy of record is closed for business and the recipient needs the medication. In such cases, it is important that pharmacy providers work together to meet the medication needs of the recipient. It is also important to note that there is no prescription limit for children under the age of 21; therefore, it is not necessary to lock these recipients into a particular pharmacy. However, we do encourage recipients to obtain their medications from one pharmacy each month when possible for optimal continuity of care.

North Carolina Medicaid Upper Limits for Triptans

North Carolina Medicaid will begin instituting upper limits on certain medications based on the FDA approved dosage limit per day. This will limit the number of dosage units per script that can be dispensed at one time. This is in line with other healthcare providers. The following upper limits for the triptans will be implemented in early July:

Drug Description	Upper Limit
AMERGE 1 MG TABLET	23
AMERGE 2.5 MG TABLET	9 (1 pack)
AXERT 12.5 MG TABLET	8
AXERT 6.25 MG TABLET	16
FROVA 2.5 MG TABLET	12
IMITREX 100 MG TABLET	9
IMITREX 20 MG NASAL SPRAY	9
IMITREX 25 MG TABLET	36
IMITREX 5 MG NASAL SPRAY	36
IMITREX 50 MG TABLET	18
IMITREX 6 MG/0.5 ML SYRNG KI	4 (8 injections)
IMITREX 6 MG/0.5 ML VIAL	5ml (10 injections)
MAXALT 10 MG TABLET	12
MAXALT 5 MG TABLET	24
MAXALT MLT 10 MG TABLET	12
MAXALT MLT 5 MG TABLET	24
RELPAX 20 MG TABLET	16
RELPAX 40 MG TABLET	8
ZOMIG 2.5 MG TABLET	16
ZOMIG 5 MG NASAL SPRAY	8
ZOMIG 5 MG TABLET	8
ZOMIG ZMT 2.5 MG TABLET	16
ZOMIG ZMT 5 MG TABLET	8

Prescription Advantage List Update

The Prescription Advantage List (PAL) has been updated. The updated version is now available on DMA's website at <http://www.dhhs.state.nc.us/dma/pal/pal.pdf>. The PAL list includes some of the most costly classes of medications. An evaluation of the actual net cost of each medication to NC Medicaid including rebates is conducted and the medications in each class are ranked in order from least to most expensive based on the listed unit dosage as determined by the NCPAG.

The current % net cost variation between the least and the most expensive medication is listed below:

- 1* > 50% below average net cost
- 1 15-50% below average net cost
- 2 +/- 15% average net cost
- 3 > 15% average net cost

The most important classes to attain cost savings from in the current version are the proton pump inhibitors, non-sedating antihistamines, selective serotonin reuptake inhibitors and sedative hypnotics.

Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer code, which are the first five digits of the NDC.

Additions

The following labelers have entered into Drug Rebate Agreements and joined the rebate program effective on the dates indicated below:

Code	Manufacturer	Date
10144	Acorda Therapeutics, Inc.	May 27, 2005
13107	Aurobindo Pharma USA, Inc.	June 02, 2005
13279	Allan Pharmaceutical LLC	June 01, 2005
66780	Amylin Pharmaceuticals, Inc.	May 24, 2005

Terminated Labelers

The following labeler codes is being voluntarily terminated effective July 1, 2005:

Able Laboratories (labeler code 53265)

Current List of Approved OTC Medications

The following OTC's (excluding insulin) are available for reimbursement by NC Medicaid in conjunction with a prescription order by the physician.

OTC Medication Name and Strength	NDC	MFG	Effective Date of Coverage
ALAVERT (Fast Dissolving) 10MG	00573-2620-48	WHITEHALL-ROBINS	12/19/2003
ALAVERT 10MG	00573-2645-30	WHITEHALL-ROBINS	11/25/2003
ALLERGY RELIEF 10MG	49614-0170-65	CARDINAL HEALTH (MEDICINE SHOPPE INT.)	11/25/2003
CLARITIN 10MG	11523-7160-03	SCHERING	11/25/2003
CLARITIN 10MG	11523-7160-05	SCHERING	4/9/2004
CLARITIN 5MG/5ML SYRUP	11523-7163-01	SCHERING	12/2/2003
LORATADINE 10MG	37205-0346-65	LEADER	12/19/2003
LORATADINE 10MG	49348-0542-44	McKESSON CORP	1/8/2004
LORATADINE 10MG	63868-0151-30	QUALITY CHOICE	2/5/2004
LORATADINE 10MG	00781-5077-01	SANDOZ	4/9/2004
LORATADINE 10MG	00113-0612-65	PERRIGO	2/2/2005
LORATADINE 10MG	24385-0471-65	AMERISOURCE BERGEN	5/14/2005
LORATADINE 5mg/5ml SYRUP	49348-0636-34	MCKESSON	5/14/2005
LORATADINE 5mg/5ml SYRUP	51672-2073-08	TARO PHARMACEUTICAL	5/14/2005
LORATADINE 5mg/5ml SYRUP	63868-0156-04	CHAIN DRUG MARKETING ASSOC.	6/23/2005
PRILOSEC 20MG OTC	37000-0455-04	PROCTER & GAMBLE	10/1/2003
PRILOSEC 20MG OTC	37000-0455-02	PROCTER & GAMBLE	6/15/2004
PRILOSEC 20MG OTC	37000-0455-03	PROCTER & GAMBLE	6/15/2004

Federal Mac List Changes

Effective July 21, 2005, the following changes will be made to the Medicaid Drug Federal Upper Limit List:

FUL Deletions**Generic Name**

Amitriptyline Hydrochloride; Perphenazine
 10 mg; 2 mg, Tablet, Oral, 100
 25 mg; 2 mg, Tablet, Oral, 100

Amoxapine
 50 mg, Tablet, Oral, 100

Lithium Carbonate
 300 mg, Capsule, Oral, 1000

FUL Additions**Generic Name****FUL Price**

Acetylcysteine
 10%, Solution, Inhalation, Oral, 10 ml \$0.9780 B

Amoxicillin; Clavulanic Acid
 200 mg/5 ml; 28.5 mg/5 ml, Powder for Reconstitution, Oral, 100 \$0.2850 B
 400 mg/5 ml; 57 mg/5ml, Powder for Reconstitution, Oral, 100 \$0.5347 B

Anagrelide Hydrochloride
 0.5 mg, Capsule, Oral, 100 \$0.4395 B
 1 mg, Capsule, Oral, 100 \$0.8790 B

Betamethasone Dipropionate; Clotrimazole
 0.05%; 1%, Cream, Topical, 15 gm \$1.4820 B
 0.05%; 1%, Lotion, Topical, 30 gm \$1.8115 B

Ciclopirox
 0.77%, Cream, Topical, 30 gm \$1.6610 B

Cilostazol
 50 mg, Tablet, Oral, 60 \$1.7790 B

Clotrimazole
 1%, Solution, Topical, 10 ml \$0.4725 B

Ethinyl Estradiol; Norgestimate
 0.035 mg; 0.25 mg, Tablet, Oral, 28 \$1.1637 B

FUL Additions (con't)

<u>Generic Name</u>	<u>FUL Price</u>
Gabapentin	
100 mg, Capsule, Oral, 100	\$0.5234 B
300 mg, Capsule, Oral, 100	\$1.3083 B
400 mg, Capsule, Oral, 100	\$1.5696 B
Mometasone Furoate	
0.1%, Cream, Topical, 45 gm	\$0.7333 B
Penicillin V Potassium	
250 mg, Tablet, Oral, 100	\$0.2112 B
500 mg, Tablet, Oral, 100	\$0.3590 B
Prednisone	
5 mg, Tablet, Oral, 100	\$0.0203 R
10 mg, Tablet, Oral, 100	\$0.0615 B
20 mg, Tablet, Oral, 100	\$0.0804 B
Warfarin Sodium	
1 mg, Tablet, Oral, 100	\$0.5403 B
2 mg, Tablet, Oral, 100	\$0.5639 B
2.5 mg, Tablet, Oral, 100	\$0.5816 B
3 mg, Tablet, Oral, 100	\$0.5843 B
4 mg, Tablet, Oral, 100	\$0.5856 B
5 mg, Tablet, Oral, 100	\$0.5897 B
6 mg, Tablet, Oral, 100	\$0.8364 B
7.5 mg, Tablet, Oral, 100	\$0.8649 B
10 mg, Tablet, Oral, 100	\$0.8970 B

FUL Price Decreases

<u>Generic Name</u>	<u>FUL Price</u>
Amoxicillin	
125 mg/5ml, Powder for Reconstitution, Oral, 150	\$0.0194 R
Aspirin; Carisoprodol	
325 mg; 200 mg, Tablet, Oral, 100	\$0.2708 B
Isosorbide Mononitrate	
60 mg, Tablet, Extended Release, Oral, 100	\$0.2025 B

State MAC Pricing Inquiry

If there are any issues or concerns regarding the State MAC prices, fill out the form included below. Fax the completed form to the attn of Jason Wahlman or Stephanie Goede, fax number 1-612-341-0232.

SMAC Pricing Inquiry Worksheet

GCN	NDC Code	Manufacturer	Drug Name	Package Size	Dosage Form	Wholesaler	Lowest Price Attainable	Date of Price Search

Pharmacist Printed Name _____ **Store Name** _____

Pharmacist Signature _____ **Store Address** _____

Store Address _____

Store City, Zip _____

July 2005

Electronic Cut-Off Schedule

June 3, 2005	July 8, 2005	August 8, 2005
June 10, 2005	July 15, 2005	August 12, 2005
June 17, 2005	July 22, 2005	August 19, 2005
July 1, 2005	July 29, 2005	

Check write Schedule

June 7, 2005	July 12, 2005	August 9, 2005
June 14, 2005	July 19, 2005	August 16, 2005
June 23, 2005	July 28, 2005	August 25, 2005
July 7, 2005	August 2, 2005	

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next check write. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day prior to the electronic cut-off date to be included in the next checkwrite.



Mark T. Benton, Interim Director
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